ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
|  |  |  |  |
| FEE DETERMINATION |  | 59 | 2 151 |
| O.I.P.E. CLASSIFIER |  |  |  |
| FORMALITY REVIEW | SF | JC886 | 03-01-01 |
| RESPONSE FORMALITY REVIEW | TAP | 1110 | 8-5/01 |

## INDEX OF CLAIMS

✔ ................................. Rejected   
= ................................. Allowed   
— (Through numeral)... Canceled   
÷ ................................. Restricted   

N ................................. Non-elected   
I ................................. Interference   
A ................................. Appeal   
O ................................. Objected   

| Claim Final | Original | Date | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | O+ | ✓ | | | | | | | | | |
| 2 | -1 | ✓ | | | | | | | | | |
| 3 | | ✓ | | | | | | | | | |
| 4 | | N | | | | | | | | | |
| 5 | | N | | | | | | | | | |
| 6 | | N | | | | | | | | | |
| 7 | | N | | | | | | | | | |
| 8 | | ✓ | | | | | | | | | |
| 9 | | ✓ | | | | | | | | | |
| 10 | | ✓ | | | | | | | | | |
| 11 | | ✓ | | | | | | | | | |
| 12 | | ✓ | | | | | | | | | |
| 13 | | N | | | | | | | | | |
| 14 | | N | | | | | | | | | |
| 15 | | N | | | | | | | | | |
| 16 | | ✓ | | | | | | | | | |
| 17 | | ✓ | | | | | | | | | |
| 18 | | ✓ | | | | | | | | | |
| 19 | | ✓ | | | | | | | | | |
| 20 | | ✓ | | | | | | | | | |
| 21 | | N | | | | | | | | | |
| 22 | + | N | | | | | | | | | |
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Claims 51–100 and 101–150: blank.

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)